Effective on 12/08/2004.									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Number 10/564,1					
For	Filing Date		1/10/2006						
1'01		First Named Inventor Mirko Lo							
Applicant claims s	B	211011111111111111111111111111111111111		Bowman					
TOTAL AMOUNT OF PAYMENT (\$) 220.00				Art Unit 1792 Attorney Docket 4587 - 0			45810		
				Attorney Docket 4367 - 0					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
			ree (\$)			Fees Paid (\$)			
Utility	330 82	540	270	220	110				
Design	220 110	100	50	140	70				
Plant	220 110	330	165	170	85				
Reissue	330 165	540	270	650	325	***************************************			
Provisional	220 110	0	0	0	0	***************************************			
2. EXCESS CLAIM FEES Small Entity									
Fee Description							<u>(\$)</u>	Fee (\$)	
Each claim over 20 (including Reissues)							2	26	
Each independent claim over 3 (including Reissues)						22	-	110	
Multiple dependent claims <u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (S</u>			(dt) 103 -	- TD - 1-3 (dt)		39		195	
<u>Total Claims </u>		<u>Fee Paid (\$)</u> = 0			Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
		ra Claims Fee		e Paid (\$)					
HP = highest number of i	3 =	1 x \$220	.00 =\$	220.00					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under									
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.									
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> Fee (\$) Fee Paid (\$)									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY	1								
Signature	John -			ation No. ey/Agent)	34,219	Telephone	412-4	71-8815	
Name (Print/Type) John W. McIlvaine						Date	June 25,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- mic 20,	2007	